

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	1						51				
2	1						52				
3	1						53				
4	1						54				
5	1	5					55				
6	1	5					56				
7	1	5					57				
8	1	5					58				
9	1	5					59				
10	1	5					60				
11	1	5					61				
12	1	5					62				
13	1	5					63				
14	1	5					64				
15	1	5					65				
16	1	5					66				
17	1	5					67				
18	1	5					68				
19	1	5					69				
20	1	5					70				
21	1	5					71				
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31	1	5					81				
32	1	5					82				
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36	1	5					86				
37	1	5					87				
38	1	5					88				
39	1	5					89				
40	1	5					90				
41	1	5					91				
42	1	5					92				
43	1	5					93				
44	1	5					94				
45	1	5					95				
46	1	5					96				
47	1	5					97				
48	1	5					98				
49	1	5					99				
50	1	5					100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.	32						TOTAL DEP.				
TOTAL CLAIMS	36						TOTAL CLAIMS				